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Communications.

INSTRUMENTAL DIAGNOSIS.

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(Continued from page 381)

Endoscopy.

Urethral examinations are more easy and satisfactory than those of the bladder itself. For this purpose we need only the straight tube with an open extremity. The mucous membrane is then displayed to the eye without the interposition of a glass plate. In a healthy urethra, the color of its entire length is of a pinkish tint, except a small portion of it corresponding with the bulb, which is much deeper. When the tube is drawn along the canal the membrane closes over its extremity and presents a small illuminated disc with a small depression in its centre and radiating line from this to the circumference, indicating the position of the longitudinal folds of the urethra, which, during the movement of the tube, seems to be in motion, passing from the periphery of the disc into the little pit at its middle.

The examination having been undertaken, and the patient placed in the position above indicated, the tube of the instrument, armed with its stylet, is to be carefully passed into the canal down to the membranous portion. If carried any further, the disadvantage of the procedure will be made manifest by the sudden escape of a quantity of urine into the tube, after the withdrawal of the stylet.

During the manipulation, should any blood be caused to enter the tube, an attempt may be made to sponge it out with a little piece of raw cotton, securely twisted upon the end of one of the wires furnished with the instrument. Should it, however, become coagulated, this manœuvre becomes difficult, if not impossible, and it will be better in order to effect this purpose and to save time, to withdraw the tube, remove the obstruction by passing a stream of water through and re-introduce it. If a bit of cotton should escape into the urethra, and cannot be removed by hooking it out with the wire, it need give no alarm, as the stream of water, the first time the patient urinates will bring it to light.

When it is cleared, the lamp is then affixed to the tube, and the instrument slowly drawn toward the observer, so that every portion of the membrane may be narrowly scrutinized. Morbid changes in its texture will be made known in three ways: by the change in color, the alteration in the character of its surface, and by the manner in which the membrane shuts down upon the tube.

The color of the urethra will vary in its tint according to the amount of vasculosity of the part, and in order to determine what is and what is not pathological, will require the eye of the observer to become familiarized by repeated observation, with the color accompanying the varying morbid changes of the urethra in the living subject. In the dead subject, the anterior portion of the urethra is pale, and its bulbous portion purple, due wholly to alterations taking place after death, so that no advantage can be gained in endoscopic examinations on the cadaver beyond the necessary skill they confer in handling the lamp.

Alterations in the form of the surface of the urethra consist principally in the production of granulations upon it, and thickening of the mucous membrane forming the variously shaped strictures.

The granulations may be scattered over the surface or restricted to a certain portion, most

generally to the bulb. They also vary in size, from minute dots to mamillations of some size which may even obstruct the urethra. This condition is always accompanied by discharges of some sort, which are commonly very obstinate, and resist the usual method of treatment by injections, and the internal administration of copaiba and cubebs.

Case 3. Andrew H., a young man contracted gonorrhœa about six months ago. He had undergone various sorts of treatment under different persons, sometimes using injections, at other times, internal remedies. His habits have been, during the whole period of treatment, very irregular, indulging in wine, and when favorable opportunity offered, in women. When the above treatment had been pursued regularly, and he had abstained from stimulants, the discharge diminished in quantity and consistence; but always medicines were abandoned and the use of liquor resumed when he thought himself on the eve of a cure.

At present the discharge is thin and small in quantity. An endoscopic examination was made, and granulations found upon the bulbous portion of the urethra. A solution of nitrate of silver of the strength of 15 grs. to ʒj of water was applied to the part with raw cotton, mounted upon a wire. Some irritation and pain followed the application, and the discharge increased in quantity and became thicker. This decreased, and at the end of five days the medication was repeated.

The granulations were thus repeatedly cauterized and finally destroyed, the discharge ceased, and at the end of thirty-nine days the patient was cured.

Case 4. C. P., aged 21, reported himself as having had a gleety discharge for the last four or five months, the result of gonorrhœa which he himself had undertaken to cure by injections. An endoscopic examination showed several patches of granulations along the spongy portions of the urethra. Applied solution of nitrate of silver—20 grs. of the salt to a fluid drachm of water. There was some aggravation of the symptoms at first, but the irritation soon passed away, the discharge remaining about the same as before. Repeated the application at intervals of five or six days, but the case did not progress toward a cure. I then used a solution of the chloride of zinc, x grs. to the drachm of water. In a few days a very decided change was effected in the appearance of the granular patches, the discharge ceased after a tedious treatment of upwards of three months.

Other cases of the same character were treated either with the muriate of silver or chloride of zinc, after seat of the granulations had been fully and accurately ascertained by endoscopic examinations.

The third sign of urethral diseases as shown by the endoscope, is the mode in which the membrane closes up the ends of the tube during the time it is being withdrawn slowly from the canal. As already stated in a healthy urethra, this is gradually effected by an apparently uniform motion of the membrane from all sides of the periphery of the area of vision towards a central depression. In stricture or any induration of the membrane on the contrary, this closure is effected abruptly, provided, of course, the instrument can pass the obstruction, so that its gradual withdrawal may develope this phenomenon. Where the tube cannot pass, the examination will necessarily be limited to the anterior force of the arctation; and in this manner the size, shape and position of the constructed orifice may be ascertained. This information should not be lightly esteemed, inasmuch as guided by it, we may be enabled to pass a small bougie into a constriction that had before resisted all our efforts; caustic applications, solid if you please, may be made directly to the tissues involved in the disease; and even the knife may be passed down, directly under the eye of the surgeon, to the stricture, and its incision effected. It will be found that the strictured orifice will vary in shape and position, being sometimes round or oval, at others linear or irregular; it may occupy the centre of the area under inspection, or present a little to one side.

In the healthy rectum, the appearances presented at the bottom of the endoscopic tube are similar to those seen in the urethra, only that the area is much larger, and all its details are much more evident. The mucous

membrane covers the end of the tube in a similar manner, presenting the central aperture, and as the tube is slowly withdrawn, it closes down uniformly. When the bowels is strictured, or is the seat of tumors, hemorrhoidal growths, or otherwise altered in its integrity, there is a very different field of view present; the aperture is diminished, removed to one side, irregular in its outline, or simply presents an eliptical form around a portion of the margin of the tube.

The following case, for the opportunity of examining which, I am obliged to the courtesy of Dr. MAULSBY, will illustrate some of these changes.

Case 5. J. S., Seaman, aged 30. Has been in bad health for some time, depending upon derangements of his chylopoietic organs. He was admitted into the hospital with hemorrhoids; the anus presented several little bluish excrescences of this sort; there was some pain felt in the rectum, but when the finger was introduced, no enlargement of the hemorrhoidal veins could be felt.

The large rectal tube of the endoscope was introduced eight inches, and the mucous membrane examined at the highest point. It presented a healthy appearance, or perhaps was a little more injected than natural; as the tube was withdrawn at a point about five inches from the exterior, the membrane was exceedingly injected, large vessels could be seen passing in every direction. Further down still, the central aperture of the membrane over the end of the tube moved to the right and became elliptical, indicating clearly the projection of a little hemorrhoidal tumor on the left side of the rectal wall; the redness of the part in the neighborhood being exceedingly marked. Moving the tube still more, the central depression became tripartite, and occasionally presenting nothing but a vertical slit, extending vertically across the area under observation; alterations which are unquestionably connected with the present, of two or more little tumors about the same level, and mutually pressing against each other.

In examining the uterus, the patient may be conveniently put in the position already spoken of, on her back with the feet drawn up against the buttocks, and the knees widely separated. I have in one instance employed the instrument in connection with EMMETT'S self-supporting speculum, with the female in left lateral decubitus.

If the os uteri is sufficiently patulous, the smallest tube of the endoscope may be employed; on the other hand, as is frequently the case in uterine derangements, endo-cervicites, metritis, polypi, etc., dilatation of the os with sponge-tent or sea-tangle, is an essential portion of the treatment, then a much larger tube can be used, one as large, or even larger than No. 30 of the French catheter scale. When the instrument has been well applied, the interior of the uterus and the os may be surveyed with care, and any morbid condition of their lining membrane clearly observed.

Case 6. Mrs. B., aged 25; mother of four children. Some time after the birth of her last child, after the lochial discharge had ceased, purulent matter escaped in considerable quantity from the vagina, and has continued up to the present time, undergoing various alterations as to quantity and quality. The menses did not make their appearance at all, but at her regular *periods*, the purulent discharge was increased. An examination *per vaginam* revealed a slight external ulceration of the os, which did not afford the whole of the discharge as pressure with the tip of the finger upon the neck of the uterus, as high as it could reach, caused some pus to issue from the os. In the treatment of this case, nitrate of silver was employed in a solid form to the exterior ulceration, which soon healed up, leaving the uterine discharge unchanged. The caustic was now thrust up the neck of the uterus every five or six days, which diminished the purulent discharge considerably, but it still hung on. The endoscopic tube was introduced, and the mucous membrane at the fundus of the uterus found involved in the inflammatory condition. A few drops of a solution of twenty grains of nitr. silver in an ounce of glycerine, were injected. Under the repetition of this medication at intervals, the patient has decidedly improved, the discharge has greatly diminished, and occasion-

ally for several days together, there is an entire absence of it. The patient is still under treatment. Inspection of the uterine cavity has been repeatedly made, and the progress of improvement in its mucous membrane satisfactorily watched.

Case 7. W. R., aged 35, unmarried. Has been suffering from uterine trouble for several months, never was under treatment. Menstruation exceedingly painful, os conical and elongated, with an irritable scarlet ulceration upon its posterior lip; neck of uterus contracted, as shown by the uterine sound. Applied nitrate of silver to ulceration, which brought on the menstrual motion, seven days before the usual period; the patient expressed herself as feeling better. Several applications of the caustic healed the ulcer, but menstruation not benefitted. Performed the bilateral section of the os, and dressed the wound with a pledget of cotton soaked in the bichloride of iron. After several days elapsed, introduced the endoscopic tube, and inspected the uterine mucous membrane observed nothing but a slightly hyperæmic condition of the part. The patient has since this time had three menstrual periods pass; they were unattended with pain. I made a last endoscopic examination, when the woman passed from under my hands. The lining membrane of the uterus appeared about its normal color.

There are several other cases still under treatment, which will be reported in due season, and the endoscopic appearance described.

The instrument now described is complex and expensive, and for these reasons is in great measure put beyond the reach of the general practitioner. However, these objections are being removed by Mr. D. W. Kolbe, the surgical mechanician of this city, who attended some of my endoscopic examinations with a view of improving the instrument, and he is preparing to furnish reliable and efficient endoscopes at a moderate price.

With the same objects in view, Dr. R. Archer Warwick, of Richmond, England, proposes to employ the instrument shown in Fig. 4. He describes it as consisting of a brass tube of simple endoscopic construction, about four inches and a half in length, and one in diameter. A Ramsden eye-piece, consisting of two plano-convex lenses, with a magnifying power of about two and a half times, and

Fig. 4.

capable of adjustment for distinct vision, is fitted to one end of this tube, and the eye-piece is so constructed as to admit of the insertion of a spectacle lens, to suit the eyes of those who require the aid of glasses. An adapter in the form of a cone and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly an inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity, may be condensed and rendered sufficient for the use of the instrument. The silver tubes for the urethra are highly polished on the inside, and correspond in size to Nos. 8, 10, and 12 of the ordinary catheter syringe.

(Note.) Mr. Gemig, of Philadelphia, is now constructing for me an endoscope somewhat similar in construction to the above, with which I feel satisfied I can illuminate the lining membrane of the bladder, urethra, rectum and uterus with the best possible results.

CASE OF STILL-BORN CHILD.

Death Produced by the Circulation in the Umbilical Cord being Prevented by the Enlargement of the Cord.

By Philip Leidy, M. D.,

Of Philadelphia.

Mrs. S., æt. 30. Married; sanguine temperament, strong and healthy; has had four children, two were still born, other two died from tabes mesenterica; has resided in this country about ten months; came from England on account of the bad health of her husband, as advised by his physician, he laboring under laryngitis. I was summoned about 2 P. M., in the

early part of February to attend Mrs. S., as by previous engagement, in her confinement; when I arrived, found her suffering very much; the dilating pains were very severe and protracted. The membranes did not rupture until the os was fully dilated. The third stage was short, and ushered in with still severer pains of three or four minutes when the child was born, when to my utter astonishment, I found the child dead; upon examining, I found the umbilical cord near the fœtal end "tied into a knot," and no circulation between that and the placenta. The child was a male, and weighed about seven pounds; the upper extremities were well-developed, and the lower correspondingly so; but there was evidence of deficient nutrition throughout the whole body. The fœtus must have been dead at least four weeks; the cuticle was very loose, and peeled off readily, particularly that on the scrotum, part of which had become detached by maceration in the liquor amnii. In fact, docomposition would have taken place in a short time in the lower extremities, as it was evident in the scrotum. There was no trouble in delivering the secundines. The patient did remarkably well, (as she said, much better than at her other confinements,) and was confined to her room the usual time.

In addition, I might say, that about six weeks before her confinement, she was very ill with an attack of pleuro-pneumonia, from which she fully recovered. The labor was not a complication at the time of labor, and I do not even believe it had any influence over the fœtus in utero, so as to produce death, even considering that the entanglement of the cord was a mere coincidence; it must be remembered that during her illness, the fœtus was alive. That such illness would not produce the same result, I do not pretend to question. Weighing the above I only have one cause to assign for the death of the fœtus, *i. e.*, at sometime during intra-uterine existence, the fœtus in its movements, entangled the cord, though the entanglement did not, at the time interfere with the umbilical circulation, as the cord increased in size, the calibre of the umbilical vessels was infringed upon gradually, until the circulation was cut off entirely, which in my opinion took place three or four weeks before delivery. If any other reasonable solution can be given, I should like to be informed.

A GLANCE AT THE BRITISH ISLANDS, FRANCE, AND AMERICA,

Ethnological, Climatic, and General, etc.

BY EDWIN R. MAXSON, M.D.,

Of Philadelphia.

(Continued from page 361.)

WALES AND THE WELSH.

Wales, occupying a small extent of country, to the West of England, bordering on the Irish sea and Channel, is a mountainous region, being less than two hundred miles in extent north and south, and scarcely half that distance east and west. While some parts of Wales are mountainous, along its northern border, upon the Irish Sea, the surface of the country is only somewhat broken and hilly, presenting a very romantic appearance; and, in some places, it is quite level.

Taken as a whole, then, Wales is a fertile region of country, having a fine variety of surface and scenery, and producing wheat, rye, oats, barley, potatoes, beans, peas, and fine meadow and pasture; sustaining fine cattle, sheep, and other domestic animals. In fact, the general appearance of the country is inviting to the beholder, rather than repulsive, and well calculated to produce contentment, as well as to draw out the mind in admiration, for the "handy-work of nature," by which the beholder is surrounded, leading the mind gently and adoringly, "through nature up to nature's God."

Such, then, is Wales, with its hills, valleys, mountains, bays and rivers; evidently moulded by the hand of the Creator, to lead its inhabitants to noble deeds of daring; or to the quiet pursuits of civilized life, as circumstances might require. Its atmosphere, though slightly humid, is less so, and more bracing than in other and more level portions of the island, inhabited by their more numerous neighbors, the English. And, though situated along the Irish Sea and Channel, its broken surface, must render it less liable to heavy and trying winds.

Chief Towns.

The towns of Wales are not numerous or very large; I will only speak of one, Holyhead, and that very inconsiderable.

Holyhead, in the north-west of Wales, on the Irish Sea, is a small town of some little business, being the terminus of a rail-road, as well as the port to and from which steamers pass for Kingston and Dublin, etc. It is very much exposed to the sea breeze, rendering it, as would appear, a very healthy situation. It is a place of some little importance, and may yet become quite a town, should circumstances favor it.

But leaving Wales and its towns, let us pass on to consider its inhabitants.

The Welsh People.

In the Welsh, we have an illustration of the ancient Britons, of the pure Celtic stock; unmixed, to any considerable extent, with other races of men.

And, here it is that we find an illustration of the pure Celtic people, emerging from a state of semi-barbarism, mainly by their own exertions; influenced more or less, by other races of men, it is true; but mainly, by the scenery of their native hills and vales, and other intrinsic circumstances; all tending to make a quiet, peaceable, virtuous, God-fearing people; zealous for the right, civil, political, and religious; and ready for any reform calculated to improve their own condition, or that of their fellow-creatures, over whom their limited influence may chance to be exerted.

Thus we have, in the Welsh, speaking their own Celtic tongue, in the main unchanged, except in the towns, occupying their own native hills, which have echoed to their voices for more than twenty centuries, an example of noble self-civilization, retaining very little of the darkness of the past. And if there may be still found, to some extent, an apparent unwarrantable *pride of country*, growing out of the fact that they have withstood, as it were, every external influence that has been brought to bear against them, for near two thousand years, reaching back to their first seeking this safe retreat in wild clans, either from the east of the island, or from the adjoining continent; circumstances well calculated to produce this feeling; they are, on this, and in fact every other account, entirely excusable. In fact, well may humanity and modern civilization rejoice over this grand achievement of such a race of men; and well may the English, Scotch, and Irish, their neighbors, imitate their quiet virtues.

It is probable that the superiority of the atmosphere of Wales, over that of England in general, may be allowed as an offset to the mingling of blood, etc., in the case of the English. And, so far as their civilization is concerned, it is very likely that the *romantic scenery* of their native hills, may have given them sufficient advantages, to make up for the superior relations of their neighbors, the English. It is evident, at least, that whatever difference there may be between the English and Welsh, whichever may be considered in the advance, must be owing to the various circumstances I have mentioned, as they were originally the same, as is well-known.

But I must pass on to a consideration of the "Emerald Isle," and its inhabitants.

IRELAND AND THE IRISH.

Ireland, an island scarcely more than three-hundred miles in extent north and south, and little more than half that distance east and west, lies to the west of England, and the south-west of Scotland, being bounded on the north, west, and south by the Atlantic, and on the east by the Irish Sea and Channel, making it the most western of the British islands.

The northern part of the island is mountainous; the central, hilly; and the southern quite level, thus giving a variety of surface and scenery. It is enlivened by numerous rivers, lakes, caverns, etc. One of the most interesting of its natural curiosities, is the Giants Causeway, at the north of the island, presenting a very grand and romantic appearance from the ocean, as I witnessed in passing by; it having furnished the occasion for the legend of the Irish and Scotch giants, made, by the fable, inhabitants of these romantic wilds.

Taken as a whole, Ireland is rather a rough appearing country, though many parts of the island are very beautiful. In fact, for *variety*

of scenery, it is scarcely excelled by Wales or Scotland; and for *beauty*, in some parts, it is by no means inferior to England. The *soil*, though tolerably productive, is by no means as productive, or in as high a state of cultivation as that of England. It produces, however, flax, wheat, oats, rye, barley, potatoes, and various kinds of roots, besides tolerable pastures and meadows, though inferior to those of England. It sustains, however, cattle, sheep, horses, donkeys, and other domestic animals, in tolerable abundance. It is generally fenced with *hedges;* and the dwellings, as in England, are usually of brick or stone, with either tile or slate roofs; in some parts, however, presenting, by no means, a very inviting appearance.

The atmosphere of Ireland is more or less damp, like that of England and Scotland, giving a *bright green* appearance to the grain, grass, and foliage in general; and hence it has been very properly called the "Emerald Isle." The humidity of the atmosphere of Ireland, doubtless predisposes the inhabitants, as in the other British islands, to scrofulous, tuberculous, and other kindred affections; and, this influence, together with the less substantial character of the food, in some localities, as well as the confined and damp dwellings, in some of the rural districts, may very likely predispose to typhus and other putrid fevers and diseases; *animal-miasms* being added to the climatic predispositions, as in many parts of England and Scotland, as we have seen. *Paludal* diseases, however, are scarcely known, unless imported.

Chief Towns.

Ireland has several important towns, as Dublin, Belfast, Cork, etc. I will only mention Dublin, however, as the most important.

Dublin, the principal city of Ireland, is in the eastern part of the Island, on the navigable river Liffey, near the Irish Sea, occupying a slight elevation, and being, in the main, a beautiful, clean, well-built town. It is constructed mainly of brick. Some of the public, and even private buildings, however, are of very fine stone; one of the most interestingly magnificent of which is *Trinity College*.

The city is well laid out, and cleanly, being situated on both sides of the river. And, while its *general* appearance is decidedly inviting, it has many structures and objects of *special* interest, as, the Royal Irish Academy; ths Museum of Irish Industry; the Royal Zöological Gardens; the Botanic Gardens; the College of Physicians, the College of Surgeons; the National Gallery; St. Patrick's Cathedral; the Exhibition Palace; the Castle of Dublin; the Bank of Ireland; the General Post Office; City Hall; the various Hospitals and Schools; and finally, the Gardens, Parks, Bridges, Fountains, etc., too numerous to mention.

Dublin has a *population* of near three hundred thousand inhabitants; descendants of the Irish, Scotch, English, and Welsh; constituting the best looking and most polite, and perhaps correct people of any, inhabiting so large a city, on the globe; and speaking the English language the most correctly of any people I have ever met anywhere. Such, at least, is my impression of the Irish of Dublin, with whom I became more or less acquainted. I attribute very much of this superiority of the inhabitants of Dublin to the mixture of the English, Scotch, and Welsh blood and characters, with the noble Irish, very much as in the American character, as we shall see.

Let us pass on, then, to consider the inhabitants of Ireland.

The Irish People.

The first settlers of Ireland were probably Carthagenians, from Carthage; who came at a very early period; their language having been derived from the Phœnicians, to whom the Celts were probably indebted for theirs. At a later period came the Iberi from Spain, with their Celtic dialect, and mingling their blood and language with the first Carthagenian settlers, it constituted a people and language, though similar to, not identical with the ancient Britons and their language. Hence this distinction of the early Irish character and language; subsequently modified, in a greater or less degree, by the Roman and Danish or Scandinavian blood; and to a very limited extent, perhaps, the Saxon and Norman; in-

fluencing or modifying more or less, of course, their language, as well as their physical, intellectual, and moral characteristics.

Thus, then, were the original Irish character and language formed and modified. At the present time, however, we find, in the large Irish towns, as in Dublin, a mixture, as we have seen, of the modern English, Scotch, Welsh, and Irish; constituting a *local* character, more nearly like the American, made up of the same elements, perhaps, than any other, as might be expected. In the north of Ireland, many Scotch people are found, having emigrated thither from contiguous parts of their native island.

The Irish people, then, being partly of Celtic origin, but modified by these various heterogeneous elements, and so many external and varied, as well as intrinsic circumstances, present quite a *variety* of characteristics, ranging from some that may be regarded, perhaps, as more or less objectionable, to the most elevated in the scale of modern civilization.

The *scenery* and *circumstances* by which the Irish have been surrounded during their transition from semi-barbarism to their present state of civilization, during the past twenty centuries, have been of a character calculated to make just that kind of self-relying independent, stubborn, intellectual, and noble people, with such varied characteristics. And, taking the more mixed Irish, as we find them in Dublin, they surpass in beauty and comeliness of person, and especially the female portion, by far their neighbors, the English, Scotch, and Welsh.

And it is very questionable, whether Dublin may not stand first, among the cities of the British Islands, in science, literature, arts, and, in fact, in everything pertaining to modern civilization, in its most refined sense. At least, it can only be second to Edinburgh, if to any of the British towns.

While, then, the *atmosphere* of all the British Islands is more or less humid, Ireland, Wales, and the North of Scotland, are the portions in which it is the least so; England and the South of Scotland being most damp. Now, in these latter portions, the productions are the most abundant and substantial. And while the atmosphere of these parts may predispose more strongly to scrofulous, tuberculous, and kindred affections, the superiority and abundance of food very likely nearly make up for the greater humidity of the atmosphere. And as, further, the superiority of drainage, ventilation, clothing, etc., in the richer and damper portions, may serve to hinder the generation of as great an amount of *animal-miasms* as in the higher and poorer regions; it is probable that the predisposition to the diseases common to the British Islands, including scrofulous, tuberculous, and other kindred affections, as well as typhus, and other putrid fevers, may be more equally distributed than might, at first thought, appear. There are, however, certain *local* causes operating to make endemic, in some places, ophthalmic, cutaneous, and other diseases, as we have seen.

Such, then, are the British Islands; a mere speck, as it were, on the earth's surface; but which, emerging from a state of heathenish darkness, as their inhabitants have during the past twenty centuries, have worked out the great problem, that mankind yet retain enough of the "likeness of the Creator," to enable them, with the aid of His Works, Word, and the kindly influence of His Spirit, to pass from a state of semi-barbarism to a lofty and enlightened condition of modern civilization and refinement.

And, if there may be found still to adhere, now and then, slight relics of this semi-barbarism, to greater or less portions of the inhabitants of the British Islands, it has doubtless been owing to circumstances quite beyond their control; and which must yet surely be eradicated by the various circumstances attending the full blaze of modern civilization. And then may we hope that the Anglo-Saxon race, transplanted, as they have been, to this vast continent; and as they have been, and may yet be, to other parts of the world; may have a benign influence in correcting the defects of fallen humanity, and in the elevation of the scale of physical, intellectual, and moral excellence everywhere.

While, then, all these varied circumstances

have been thus operating in the British Islands for the past twenty centuries, working out such a mighty physical, intellectual, and moral change; who will dare deny that all has been brought about and *directed* in accordance with the eternal purpose of Him who created all things, and by whom "they were and are sustained."

[To be continued]

Hospital Reports.

PENNSYLVANIA HOSPITAL,
March 11th, 1868.

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

Extensive Organic Disease of the Heart.

This heart was taken from a man who came into the hospital in a moribund condition. His lips, nails, and surface generally were blue, or pale where not discolored with this bluish tinge. His breathing was very rapid, and his pulse could not be distinguished; his heart's action being so excessively irregular that it was almost impossible to count it. He remained in this condition of great irregularity of circulation, with shortness of breathing and cyanosis, for three days, when he died. Before death, however, there had been an opportunity of examining his heart, and the diagnosis then made has been confirmed by the post mortem.

It was observed during life, in addition to the symptoms of cardiac distress alluded to, that the man had very prominent veins in the neck, and a systolic murmur, most distinct toward the ensiform cartilage. From this Dr. DACOSTA drew the conclusion that the patient had dilated heart with tricuspid regurgitation, and the post mortem showed the diagnosis to be correct.

As regards the other physical phenomena, there was found a murmur of different pitch, also systolic, at the apex of the heart, and onward from the apex toward the left axilla. Thinking it was highly unlikely that a murmur of different pitch should be a transmitted murmur, although the time of occurrence was the same, the diagnosis of mitral regurgitation was made out, and found to exist, on the post mortem examination.

All the ordinary physical phenomena of both these affections were present, but the difficulty of diagnosis lay in discerning them, on account of the extreme irregularity of the heart's action. The extent of this irregularity can be best judged by the accompanying sphygmographic records. Upon examining these, it will be perceived that it is almost impossible to fix upon any one beat. There is nothing but irregularity, excepting that every now and then there has been evidently a strong ventricular contraction, as is shown by the distinct upward line.

The heart presents a rim of bony deposit around the tri-cuspid valves, preventing closure, and permitting most obviously of marked regurgitation. The right auricle is enormously distended, and the right ventricle shares, though to a less degree, in that dilatation. On the left side there is evident valvular insufficiency at the mitral orifice, allowing of regurgitation. A bony deposit also exists around the insertion of the mitral valves.

Part of the irregularity of beat which here existed, and which indeed made it impossible to count the pulse, was due to adherent pericardium.

In regard to the treatment under which the patient was placed, as he came into the hospital moribund, very little could be done for him. He was given quinine to strengthen him, and to tone up the circulation. A very little stimulus was administered, just enough to overcome the evident tendency to sinking, for stimulus could only have still further increased the excitability of the circulating organ.

Chronic Dysenteric Diarrhœa.

E. S. B., æt. 22; born of healthy family. He applied for admission to the hospital on the 5th of February last, on account of dyspeptic symptoms and diarrhœa of five years' standing. Last summer five years ago, he had a sharp attack of what was pronounced to be dysentery. From this he recovered, with slight looseness of the bowels, which continued until the setting in of cold weather. On account of the great irregularity with which he was obliged to take meals, as brakesman on the railroad, he began, during

the winter months to be troubled with dyspeptic symptoms, eructations after meals, and heartburn, but there was no return of the looseness of the bowels. The dyspeptic symptoms continued up to the time of his admission to the hospital. A year after his first attack of dysentery he had another, which proved more refractory to treatment, and he has had continuous looseness of the bowels since. The diarrhœa has been somewhat influenced by food, anything disagreeing with him markedly increasing it, but it has never wholly ceased, thus indicating a persistent irritability of the alimentary tract.

On his admission, the 5th of February, it was noticed that there was blood and mucus with every stool. He had almost persistent pain in the bowels. There was also much undigested food in many of the alvine discharges. Latterly, the stools have had a much more healthy look. They are still somewhat admixed with undigested food, but they contain no longer any blood or mucus. On admission, he had six or eight passages a day, now he has only one.

On the 7th of Februrry, shortly after his admission, he was ordered Hope's camphor mixture, and his diet carefully regulated, consisting of beef-tea and broths, with a certain amount of farinaceous food. On the 17th of February this treatment was stopped, as it had not produced any decided effect. He was then ordered subnitrate of bismuth twenty grains, with five grains of Dover's powder three times a day, still continuing the carefully regulated diet. Improvement then began. Opium and acetate of lead suppositories were soon added to the prescription. Under this treatment he steadily improved.

Looking at the whole case, there can be no doubt but that the improvement is due chiefly to the large dose of subnitrate of bismuth, because he had, previous to his admission to the hospital, taken a great deal of opium and acetate of lead, both by suppository and by the mouth. It is particularly in cases of this kind, in which there exists persistent irritability of the bowels, influenced by the taking of much food which cannot be digested, and in which there are gastric symptoms in connection with the dysenteric affection, that the subnitrate of bismuth will be found very serviceable.

The man's tongue is now clean; it never has been very much coated. There is no pain, except in the course of the transverse colon, where all along there has been a certain amount of soreness to the touch. His treatment will now be so far modified as to stop the suppositories, and to give the subnitrate of bismuth and the Dover's powder only twice daily. He may now be allowed a mutton chop and eggs, but very little vegetable matter. If the patient were one in private practice who could afford the niceties of the table, sweet bread, terrapins, and roasted oysters, would be added to the diet.

In order that subnitrate of bismuth shall produce an effect in these cases, it is necessary that it be administered in sufficiently large doses, not less than twenty grains.

Editorial Department.

Periscope.

The Law of the Production of Sexes.

Having spoken at some length on this topic lately, we make the following extract from an interesting paper, translated from the Norwegian of Prof. Faye, for the *Boston Med. and Surg. Journal:*

"In a work entitled 'Ueber die Eigenschaften, welche sich bei Menschen und Thieren von Eltern auf die Nachkommen vererben u. s. w., 1828,' Prof. Hofacker in Tübingen, along with many other interesting data, represented the relative age of parents as having especial influence upon the sex of children. Using as a starting point a remark of Aristotle, and some researches by Morel de Vindé, in 1812 and 1813, with some later experiments by Giron de Buzareingues upon sheep breeding, Hofacker used the register of families in Tübingen for his researches. He made up from this a table of 2000 children, among whom the proportion was 107.5 boys to 100 girls. These 2000 children originated from 386 marriages, in 342 of which the father was older than the mother, and to these marriages were born 1273 children—684 boys and 589 girls = 117.8: 100. In 27 marriages, where ages were equal, 145 children were born—70 boys and 75 girls = 92: 100. In 117 marriages, where ages were equal, 568 children were born—270 boys and 298 girls = 90.6: 100.

Two statements made by priests in the environs of Tübingen give like results, and this caused Hofacker to regard the age as the decisive circumstance.

Michael Thomas Sadler, who in 1830 published a larger work, ('Law of Population,' London), has given, in the fourth volume, a statement of 2068 children, belonging to 381 fruitful first marriages among the English peerage. The

proportion was 1005 males, 963 females = 114.7 males to 100 females:

Husband the senior in 309 marriages—
929 boys, 766 girls = 121.4: 100.
Ages the same in 18 marriages—
54 boys, 57 girls = 97.5: 100.
Wife the senior in 54 marriages—
122 boys, 142 girls = 86.5: 100.

SADLER thus regarded himself as justified in concluding that a natural law with reference to the influence of age was in operation in this case. The results of the investigations of these two men have since been spoken of as the 'Hofacker-Sadler Law,' and many have accepted it as certain and well proven; as, for instance, Prof. LEUCKART, in Wagner's Handwörterbuch der Physiologie, 4 Bd. The law may be formulized thus:

1. Seniority on father's side gives excess of male offspring.
2. Equality in the parents' age gives slight preponderence of female offspring.
3. Seniority on mother's side gives excess of female offspring.

The numbers on which this conclusion is based are very small, though SADLER regarded them as sufficient; and later observations have shown that the proportion is not so constant as here represented.

In the year 1854, J. V. GÖHLERT laid before the Academy of Science in Vienna* somes investigations into the proportion of the two sexes at birth. GÖHLERT undertook the laborious task of collecting data for a period of twenty-five years from the Gotha Genealogical Almanac, concerning princely families in most of the countries of Europe, taking care only to include first marriages. The result was as follows:

953 marriages, 4584 living children, viz., 2351 boys, 2233 girls = 105.3: 100.

1. Husband the senior—
2026 boys, 1862 girls = 1088: 1000.
2. Ages the same—
263 boys, 282 girls = 932.6: 1000.
3. Wife the senior—
71 boys, 80 girls = 825.6: 1000.

Again a confirmation of the law, and with somewhat larger numbers.

In France, LEGOYT, Chief of the statistical department in Paris, published in 1857 the result of some investigations in Strasburgh and Paris, which seem to point in the same direction; although in the first class the figures expressing the proportion are somewhat less (109 boys: 100 girls) than the tables of SADLER and SÜSSMILCH, and there is the additional difference that the two other classes show an excess of males, (though in smaller amount; 107: 100 and 101: 100 respectively). Furthermore, NOIROT has published some statistical studies for the arrondissement of Dijon, in which he sees a confirmation of the law, but, unless there is some typographical error, his figures show a want of correspondence.

Finally, BOUDIN, in the beginning of the present year (1863), addressed a note to the Academy of Science in Paris 'on the influence of age upon sex,' in which he concludes that as a rule the husband's seniority produces an excess of males.

Other authors in very recent times have in part reached the result, that the so-called natural law above mentioned is not constant, and a single man—Dr. STAMPE—has declared that there are born relatively more boys from marriages of elder women with younger men; he has likewise found that there are proportionally more boys born of illegitimate connection. Prof. BRESLAU, in Zürich, has also obtained for that single canton the result that the husband's juniority gives the greatest excess of males.* It is probably without doubt true that the age does not act as sole cause, and that we can hardly affirm that we have here before us a real law of nature, simple and unchangeable. For, in accordance with many observations, a certain natural force—dependent, it is true, within certain limits, upon difference of age—together with a not too frequent coitus, seem to exercise a quite noteworthy influence. This last deserves especially to be noticed as an explanation of the fact that poor people very often beget a greater excess of boys.

A few facts may be of interest, regarding the relative proportion in Sweden according to rank, as they are found stated in the newly-published statistical account for 1856–60: The nobility exhibits a proportion of 971.3 males to 1000 females; the clergy, 108 to 100; the gentry, 105 to 100; the burgher-class, 104 to 100; the peasantry, 105.8 to 100; all other classes 103 to 100.

From this it is seen that, in the period mentioned, the nobility alone has had an excess of females, while all other classes show an excess of males, and the clergy in a higher degree than the rest, after which follows the peasantry. Sta-

* Sitzungsberichte der phil.-hist. Classe der kaiserl. Acad. d. Wissensch. B. xii.

* Zur Würdigung des Hofacker-Sadler'schen Gesetzes 2ter Beitrag in Monatsschrift f. Geburtskunde 22 B. 2 H. 1863. Breslau supports his conclusions upon 16,492 observations.

tistics with very large numbers can easily be drawn up for Sweden, since we have had statistical returns here for a long time, and I have heard from my friend Berg, Chief of the statistical bureau, that from 1860 we shall be able to give the relative difference in the parents' ages. I cannot avoid congratulating the country upon the possession of a man so zealous in his office as the present chief, and I am sure that the misunderstanding which so easily follows the increased demand for work upon the numerous officials scattered throughout the country, will in time change to gratitude for the benefits which well-used statistics may confer upon the community.

From the facts here brought forward, it would seem to result with some certainty, that a difference in the ages of parents is no inconsiderable cause of the difference of sex in offspring; but while many later observers have found variations from the rule so numerous that they should not be disregarded, it is certainly idle to attempt to deduce from our present stock of knowledge a 'law of nature.' I might give a number of statistical data, collected in the various bailiwicks of Norway, showing that in some districts, in a period of ten years, there has been a constant deficiency in boys, while in others the reverse has been the case. I cannot enter into these details; but I hope it will be admitted that a closer study of these relations in detail may by degrees contribute greatly to the solution of the question as to the causes of such a permanent preponderence upon one side or the other. A single author, Dr. Ploss, in Leipzig, has in two treatises presented many causes as contributing to the disproportion of the sexes, and has supported his own views by the investigations of well-known observers upon the proportions in the case of animals and plants. Thus, for example, he has given the quantity and the quality of the food; the elevation of the abode; the conditions of temperature; the parents' mode of life, rank, religious belief, frequency of coitus, etc., besides the age, and it is very possible that more causes come into the account; but in undertaking a thorough research it will be a great advantage if we can succeed in the first place in bringing proof of the more important relations of causes, since it will be easy by and by to take into consideration the more secondary circumstances. In making his entire investigation go to prove that woman is the stronger, and that this is the cause of the excess of girls, Dr. Ploss has been one-sided and untrue to nature; which Prof. Breslau, in Zürich, and Prof. Wappaeus, among others, have proved by facts.

The circumstance that after great wars, and sometimes epidemics, wherein a disproportionate number of men have died, more boys are born than usual, stands yet unexplained, since it may be used for the benefit of various theories; but doubtless a more exact investigation will throw light over this fact also. Another discovery, which informs us that men who pass a sedentary life, and especially scholars, who exhaust their nervous force to a great extent, beget proportionately more girls, may, if established for large numbers of people, certainly be studied more closely with advantage; for although it may be sure that the relative difference in ages has great importance, it may nevertheless be true that this has its limits, and that a very advanced age on the man's side, a weak organism, and especially too frequent coitus, diminish the number of males among the offspring."

A Complaint against Fungi.

Mr. Erastus Wilson watches with amazed curiosity the progress of the fungus theory. It began, he says, with the dermophytes and nosophytes of Gruby; he disbelieved it; and disbelieves it still, although it has since intruded itself into almost every known disease of the body; at first there was a struggle for the distinction of genera and species, every philosopher had his pet fungus; there was the fungus of Schœnlein, and the fungus of Audouin; a new order of knighthood seemed to have been created throughout Christendom, and every knight in Europe proclaimed his own particular fungus as the loveliest fungus of them all. Then a new school of philosophers declared that the difference amongst the various fungi was only a difference of their habit, and that the same fungus transplanted to different beds exhibited those differences which unobservant or too accurately observant philosophers mistook for other species. Then, when the outside man was exhausted, the inside man came in with its discoveries: there were fungi for aphthæ, fungi for diphtheria, fungi for cholera; and last and not least, we have fungi for internal cysts, fungi for syphilis, and fungi for gonorrhœa. This last absurdity completes the measure. "Fungi," says Mr. Wilson, "are the morbid development of the natural components of the cell-structure of the economy; and just as pus is the product of the nuclei of the cell-tissue; just as mucus is equally a product of the normal constituents of the cells of the epithelium, and, being produced, enjoys the property of proliferation and growth; so these presumed and omnipresent fungi are the

gatherers-up of waste and exhausted organic matter, and are ready to be found wherever waste and exhaustion of organization prevail. Twenty years ago we taught the nature and relations of fungous life to all who chose to give heed; twenty years have passed away, and modern science has not come up to the standard which we then established."—*Brit. Med. Journal.*

Wet-Nursing.

Mr. GRAVES, Surgeon at Manchester, in the course of a speech at a meeting of the governors of the St. Mary's Home (for the rescue of fallen women) at Manchester, made some valuable comments on the evil effects of the prevalent practice of wet-nursing. He said that, of all the cases with which he had come in contact, he could hardly recall one in which a married woman had been employed in that capacity. Wet-nurses were, for the most part, young women who had had illegitimate children. They knew that, by applying to an institution in Manchester, situations, at a high rate of wages, would readily be obtained for them; their own babies were farmed —that was, put to nurse—and their lives, it was to be feared, in the majority of cases sacrificed. The mother, on the other hand, was petted and pampered in the family by whom she was engaged; and what influence must not that have upon the other female servants in the house? It was injurious in the highest degree; in fact, the system offered a bonus to the continuance of that vice, to abolish which it was their object in supporting St. Mary's Home.—*Brit. Med. Journal.*

Reviews and Book Notices.

Atlas of Venereal Diseases. By A. Cullerier, Surgeon to the Hôpital du Midi, etc. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M. D., etc. With about one hundred and fifty beautifully colored figures, on twenty-six plates. Philadelphia: H. C. LEA. 1868. Part III. *Price* $5.00.

The third part of this magnificent contribution to syphilography, will be welcomed by all interested in medical science. It embraces the soft chancre or chancroid, and the indurated chancre. Like the previous numbers, it is full of valuable matter drawn from an extensive practice, and, like them, is greatly enhanced in usefulness by the additions of the learned American editor. The plates are colored in a most satisfactory manner.

Researches on Obstetrics. By J. Matthews DUNCAN, A. M., M. D., L. R. C. S. E., Lecturer on Midwifery in Surgeons' Hall Medical School, etc. etc. New York: WM. WOOD & Co., 61 Walker Street. 1868. One vol., cloth, 8vo., pp. 467.

This very handsome volume, in clear, bold type, and on tinted paper, presents some of the most important topics in midwifery. It is not a regular treatise on the art, but a series of monographs based chiefly on the author's previous writing in medical and scientific periodicals. It is therefore divided into five parts, each of which dwells on some particular branch of obstetrical study.

The first is on "The Statics of Pregnancy," in which the position of the uterus, of the fetus in utero, and of the pregnant female, and also the mode of presentation of dead children in labor are discussed. The second part is entitled, "The Pelvis studied with a view to Obstetrics," and contains some very valuable chapters on the bones and their malformations. In the third part, which is headed, "On the Physiology and Pathology of Pregnancy and the Puerperal State," are a series of articles on menstruation in early pregnancy, superfetation, the lochia, the length of the cervix uteri, the internal surface of the uterus after delivery, and the deciduæ. In the remaining parts the dynamics of labor are spoken of, the lateral flexion of the fetal head in the mechanism of parturition, inverted uterus, uterine metrology, vagina duplex, and other allied topics.

The illustrations, forty in number, are well chosen and clearly cut. The book was printed in Edinburgh, and is a very good specimen of that neatness of typographical execution which makes it such a pleasure to read English books.

—— The distinguished Russian Surgeon, PIROGOFF, well known for his ingenious operation on the ankle, is deceased.

—— M. REISET, in the French Academy, recently referred to a disease which attacks cattle feeding on pasturage. The effects are rapid swelling, and, finally, suffocation. He analyzed the gas produced, that which in fact causes the swelling. He found it to be almost wholly, 74 per cent. carbonic acid. Alkalies are therefore proposed as remedial agents.

—— M. ROUSSIN has proposed the use of bichloride of mercury for the detection of kreatinine in urine; kreatinine is precipitated from its solutions by the mercurial salt.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 9, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require as little revision as possible.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE TAILOR AND THE DOCTOR.

On the great subject of *clothes* we have still much to learn. Neither the lucubrations of Diogenes Teufeldroeckh in his immortal *Sartor Resartus*, nor all the combined energies of the honorable guild of tailors have succeeded in inventing the *ne plus ultra* of coats, hats, and unmentionables. No Alexander of the goose need sigh for the want of worlds to conquer, while apparently sane individuals parade the streets in "stove-pipe hats," stiff stocks, and shad-belly coats—not to go in the least into the much abused mysteries of crinolines and corsets.

When it comes to military clothing, the discrepancy between the tailor and the doctor, between a sensible protection of this mortal frame against heat and cold, and the regulation uniform, becomes still more glaringly apparent. Latterly, this topic has been the theme of a medical report to the Surgeon-General ("A Medical Report upon the Uniform and Clothing of the Soldiers of the U. S. Army; Surgeon-General's Office, 15th April, 1868.") It contains much which will interest the civil as well as the military reader, be he lay or professional, and we therefore give in brief the conclusions arrived at, on some of the most important points. It is based on the reports of a large number of medical officers from all sections of the country, and is offered with the design of suggesting some substitute for the stiff and antiquated uniform of to-day. Beginning at the top of the person, we are informed that a light-colored, brimmed felt hat is, by all odds, the most generally recommended, either as a simple felt or looped up for dress. This may be kept perfectly simple, or be adorned in the most ornate manner. The brim should have a width about equal to the height of the crown.

Probably the most serviceable hat ever used in the United States Army was supplied the Second Dragoons by General Harney, in Texas, in 1853. It was a broad-brimmed, soft felt, of a pearl or stone color, capable of being looped up, but with a stiff brim when let down, and with an orifice for ventilation on each side of the crown that might be closed at pleasure. This was exclusively used for scouting, but if authorized it might well be used for all purposes. It appears to combine all the essentials of protection and comfort, and not a few elements of beauty.

The credit of its invention, is attributed to Colonel T. P. Andrews, late Paymaster-General.

As for the time-honored leather stock, it is recommended to be discontinued as a relic of the artificial stiffening of soldiers that ought now to be superseded by physical training, and because of its great discomfort and its positive evils in excoriating the skin, inducing disorders of the larynx, interfering with the natural motion of the neck, and causing cerebral congestion by the compression of the vessels.

Instead of the present tight-fitting, wadded, ungainly uniform coat, a sort of compromise is proposed between it and the blouse. It is described as a loose habit made with a yoke, so as to fit well, but leaving the neck entirely free; large at the shoulder and in the arm, for the most unconstrained exercise of a muscular man, and small at the wrist; very full in the body, with longitudinal plaits in front and with full short skirts; the whole to nearly resemble what is known as the Swiss blouse. It should have these features also:—a collar to turn over about an inch and a half; to be lined throughout, or not, according to climate; to have stout pockets in the body accessible at the plaits; to be fastened at the waist by an inner belt, as is now commonly provided in the officer's coat; to have

a broad belt between the body and the skirt, upon which the waist belt of the accoutrements should fit accurately and remain in position; and, possibly, stout pockets with lappels and buttons below the wastbelt, that might dispense with the cartridge-box when the metallic cartridge is employed. The fabric should be closely milled, light woolen cloth or, preferably, navy flannel, securing a warmth a little greater than the present fatigue sack.

For its color, cadet gray or a very light blue approaching a neutral tint is suggested.

The shirt, described as "the real personal garment," should be of flannel of a thickness to meet the requirements of the climate. It should reach to the middle third of the thigh and be either blue or red, because "the darker colors are believed to absorb animal odors better than the darker hues." (?)

The important article of trousers is carefully discussed, and the conclusion reached that for the wants of the American soldier, a rational system demands woolen trousers of thinner cloth, more closely woven or milled, and of a greyish blue color, (officers serving in the muddy regions on the Pacific advise dark blue, at least during the rainy season,) and that the proper degrees of warmth are to be attained and preserved by the employment of drawers of different grades according to the climate, and, in very severe weather, by the use of more than one pair.

The form should be that known as "pegtop," and braces are rejected as superfluous.

The drawers, like the proposed shirts, should be of at least three grades and many sizes. One, thin and soft, with a large per centage of cotton in the fabric, to be worn in the hot weather; another quality, of about the same warmth that those now issued are when new but of better material, should be supplied for the ordinary service of temperate climates; and a very thick warm variety for the colder stations. The foundation of all should be wool, and the last-mentioned should be of it alone and of the very best quality.

Finally, we close our excerpts with the recommendation regarding shoes that the heel should be broad and low, the sole sufficiently narrow to permit the sides adequately to support the foot, and the toes wide enough to avoid compression. A shoe that permits much movement of the foot *in* it is nearly as bad as one that compresses the foot.

These matters, the importance of which to an army cannot be exaggerated, deserve the close and careful attention of surgeons, and we hope that neither the fear of departing from antiquated European models, nor the small expense which will be necessary to supply such a uniform in place of that at present worn, will defer the consideration of this valuable report. And those of its suggestions which are applicable—as many of them are to the clothing of civil life—will we also hope, meet the attention they so well deserve.

THE PROPER BASIS OF DENTAL EDUCATION.

One of the most sensible and truth-grasping lectures it has lately been our pleasure to peruse, has just come to hand in the pages of the *Dental Register*, written by Dr. PEBBLES of the Missouri Dental College, St. Louis. In this paper the author takes the ground that the dental, like the aural and ophthalmic surgeon, is only properly prepared to study and practice his specialty after he shall have entirely familiarized himself with general medicine: for the accomplishment of that end he recommends such union of special with general teaching, that the student becomes a doctor in medicine previous to, or in conjunction with that period of study which prepares him for his specialty. Dr. PEBBLES is one of the professors in Missouri College, which like that being now organized in connection with Harvard, has its curriculum so established. This is to give in our estimation, dental, or rather, we should say, oral surgery, its proper position; we regret that we have not space for Dr. PEBBLES' paper, it would afford us much pleasure to copy it entire, we may be permitted to recommend its attentive perusal to every practitioner of the specialty.

Notes and Comments.

We disclaim Responsibility

For the opinions of correspondents expressed in our columns. We make this statement, which many may think superfluous, just now, because from several quarters we have lately received expressions of surprise at what were deemed heterodox remarks in letters addressed to and published by us. Once for all, we wish it distinctly understood that our pages are open to the discussion of any proper professional question, and we do not intend to restrict writers to what we consider orthodox, laying no claim to infallibility, and believing that free discussion is the shortest road to truth.

Election of a Professor.

We call attention to the advertisement with this heading in the Reporter of last week. It is a good method to inaugurate. The only proper system to elect professors is by an open competition and a *thèse de concours*. This would prevent the favoritism and the nepotism which elevate mediocrity to the chair of talent, and promise to undermine the reputation of some of the oldest medical schools in the land. Let us see this example adopted elsewhere, and we shall soon see the right men in the right places.

Pennsylvania State Medical Society.

This Society will hold its annual meeting at the Capitol in Harrisburg, commencing at 4, P. M., June 10th.

It is hoped that there will be a full attendance, and that committees will be ready with their reports. Our State is in some respects behind many of its sister States in medical organization and in the practical character of its annual meetings.

Iowa State Hospital for the Insane.

Iowa, though not yet a quarter of a century old, has a population of over one million, and, though not rich, claims to have devised and constructed the most commodious and eligible Hospital for the Insane of any State in the Union. It is located at Mount Pleasant, Henry County. Its central structure, ninety by sixty feet, is four stories high; the six wings (forming a quadrangle) are three stories; it is built of cut stone lined with brick, has an iron roof, and eleven miles of iron pipes for water, gas, and heating, It has 425 rooms above the basement, 900 doors. and 1100 windows. It has cost $600,000, including an Artesian well 2100 feet deep, which is no longer used, because of the corrosive properties of the water. Dr. R. J. Patterson is the superintendent.

Vermont State Medical Society.

The semi-annual meeting of the Vermont State Medical Society will be held at Windsor, on Wednesday and Thursday, June 10th and 11th, commencing at 2, P. M., on Wednesday. The address of the Vice-President will be delivered on Wednesday evening, and will be followed by a social re-union of the delegates, and of medical men *who are natives of Vermont, but are now residents of other States. All such are cordially invited to attend.*

The subject for discussion is dysentery, on which Dr. O. F. Fassett, of St. Albans, is to read a paper. Other papers are expected from members of the Society.

The several railway lines of the State will carry all who attend the meeting for full fare one way, and free return tickets on certificate from the Secretary, Dr. L. C. Butler, of Essex, who will be present. An interesting and profitable session is anticipated.

Obstinate Acne.

A correspondent writes:

"I have a patient, a young lady about 18 years old, who has acne. She has had it about three years, and it disfigures her face very much. It seems to become worse at her *monthly periods*. She is very anxious to be cured of this disease. She has taken a great variety of patent medicines, and they have never done her any good. She has tried several physicians, but has received but very little benefit from their remedies. I took the case under my care about one month ago. I gave her the fellowing ℞. Tr. ferri muriat., ℥j.; liq. potassæ arsen, ℥iss.; hyd. chlor. corros. gr. iij. Thirty drops of this was given three times a day; also applied calomel ointment to eruptions. I do not see that this treatment is doing any good. It seems to be an obstinate case, and I fear that it will be one that will be hard to cure. Will you be so kind as to give the best treatment for so stubborn a disease, as this case has proven to be, through the columns of your valuable journal?"

There seems good reason to doubt the benefit of much internal medicine in such cases. Acne is a purely local disease, and must be met with local remedies. Hebra, whose experience in skin diseases transcends that of any other living man, recommends thorough washing and rubbing with any good soap, every night, or every

other night, and then the application of the following salve:

℞. Lac. sulph.,
Potass. carbonat.,
Glycerrh.,
Aq. laurocer.,
Spir. vin. gal., āā ℥ij.

This should be left on all night, and washed off in the morning, without the use of soap. This salve causes a slight pityriasis rubra, which quickly disappears on intermitting its use. (*Hautkrankheiten, s.* 518.)

Corrosive sublimate, in cologne water, (gr. j. to ℥j.), iodide of sulphur, iodide of mercury, and vapor baths, might also be suggested. One of the old surgeons recommends what perhaps would be a more agreeable remedy—*matrimonium curat varos.* It does seem often to be the case.

Diploma Advertised for.

The following advertisement we clip from a New York daily paper. Somebody seems anxious to meet the requirement of the law!

"Any person holding a medical diploma from any of the Scottish universities, issued between the years 1850 and 1858, inclusive, and who will dispose of the same, the sum of $30 in gold will be paid by addressing A. B., Canada."

Correspondence.

DOMESTIC.

Therapeutic Value of the Waters of the Gettysburg and other Mineral Springs.

[As the REPORTER was the first journal to direct attention to the value of the Gettysburg Katalysine Springs, we are glad, from time to time, to lay corroborations of their therapeutic powers before our readers. The following letter, from an old and valued contributor, rehearses some of their most remarkable qualities, and substantiates what has previously been said in our columns.—EDS.]

EDITORS MEDICAL AND SURGICAL REPORTER:

In coinciding with Dr. BELL, in his views and statements of the great curative powers of mineral springs, in connection with those of the Gettysburg water, as advanced by him in the MED. & SURG. REPORTER of Sept. 28th and October 5th, 1867, we are inclined to make some additional remarks on the subject. We are sanguine enough to believe with that writer, that the greatest improvement yet to be made in the treatment of diseases will be the substitution of mineral waters for the various drugs now in use. Gifts, freely dispensed, are seldom appreciated at their just value, or received in a thankful spirit. Those so bountifully bestowed on man by the Creator himself constitute no exception to this remark. How little do we prize the purity of the air we breathe, and by which we live; or the water which is both food and the vehicle of all that is nutrimental for organized beings, and the imbibition of which by them is a necessary condition for their growth, maturity, and fruition. So it is with mineral waters, which are either held at a cheap rate or entirely neglected. They jet out from nearly all parts of the earth's surface; they are compounds, often, of the most varied chemical elements, prepared in nature's laboratory, by nature's pharmacy, and ready for use, and adapted to the cure of multifarious diseases, as simple water is to the preservation of health. What a beneficent provision is that made for man's recovery from disease, and renewal, as it were, of life, by the addition of alkaline, earthy, and mineral salts to the water in its percolation through different strata, so that when it gushes up as a spring, it is found to be endowed with sanitary and curative virtues adequate to meet any contingency growing out of bodily derangement. Well has it been said, that a region of mineral springs is a region of miracles.

There is something in the mode of combination of the several constituents of mineral waters which gives them a remedial value not to be measured nor fully ascertained by chemical analysis, and the knowledge of the effects of each separate constituent or element. The active principle in mineral waters would seem to resemble vitality in an organized body, in its being known to us only by its effects. Their life and their spirit disappear in the process of analysis. We must continue, notwithstanding, to look hopefully to chemistry; not, indeed, for a solution of the therapeutic problem, but for an increase of the facts which give collateral aid to our researches into the whole subject. The presence of certain substances detected by chemical analysis will serve to account for the medicinal properties of some mineral waters, which were long known by experience, but which could not have been inferred, or even conjectured from the sensible properties, taste, etc., of these waters. In this way, in the present century, and in our own times, iodine, bromine, and nitrogen, and quite recently arsenic, have been discovered in different springs. There are now on record notices of more than thirty mineral springs, including the far-famed Weisbaden and Vichy, in which arsenic has been detected. It is too late for the most timid to be alarmed at this announcement, after the long continued use of the waters in question, and the

experience, not only of their innocuous character, but also of their therapeutic and hygienic uses. So wisely has it been ordered in this provision, as we ever find it to be in the other works of creation, that the quantity of any one of the before-named substances taken into the stomach while drinking the water at the spring, would fall short of the smallest dose of them in ordinary prescription.

It is a peculiar and very important feature in mineral waters, that they constitute remedies which are always ready for immediate use, and which, unlike those furnished by the drugs of the shop, require no previous pharmaceutical preparation. Although flowing from their several springs for such a long succession of ages, they still preserve their composition and other properties unchanged. The early history of all medicinal springs is nearly the same. In the instance of the Gettysburg spring, the successive stages of early trial and subsequent success have been gone through within a very short period. Belief here is the result of simple experience, without the bias of fashion, or of imagination, neither of which could have enabled the hobbling martyr to gout, nor the limping victim to rheumatism, to throw away crutch and cane, take muscular exercise in a way to which they had long been strangers. Such is the record of the cases of the Hon. J. B. Danner, Mr. Diehl, Mrs. Culp, and others. Worthy of more distinct mention, both from the long duration and violence of the disease and the eminence of the sufferer, is the case of the Rev. Dr. Moriarty, the distinguished pulpit orator, now of St. Mary's Church, Chestnut Hill, Philadelphia. This gentleman relates of himself, that he had suffered from chronic rheumatism for sixteen years, with alternations, at four different times, of acute rheumatism, during which he was confined to his bed for five months. The last attack began on the 6th of December, 1866, and during its continuance of eight months, he was so crippled as to be unable to leave his room, and expected to remain in this condition for the remainder of his life. Recourse to the use of the Gettysburg water, in the dose of a gill three times a day, was followed by gradual but progressive relief, until at the date of the Rev. Dr's writing, December 4th, 1867, he was convinced that "the rheumatic principle was entirely removed." He took, during the entire period of his treatment, "ten gallons of the water, without any other kind of remedy." He is, of course, still incommoded by some stiffness of the joints, but he feels himself improved daily, and his "general health has been remarkably benefited." The Reverend gentleman writes that he advised some of his neighbors to use the water, "and it has effectually cured dyspepsia and kidney disease."

The tonic and restorative power of the Gettysburg Water, would certainly seem to command our confidence, when we think of the cases of general debility and paralysis mentioned in the Medical and Surgical Reporter. Need we repeat here what has been said of the benign effects of the water in that most annoying and changeable disease, dyspepsia, a good picture of which has been drawn by Dr. Bell. The concluding sentence of his remarks may be fitly repeated on this occasion. If then we have a remedy, he says, at once simple and efficacious for this central and primary "disordered digestion," in the Gettysburg Water, "we have the means, at the same time, of preventing and curing a long catalogue of outlying and secondary derangements, which, if they do not destroy life, make it miserable and too often useless." Intimately connected with chronic indigestion are diseases of the kidneys, exhibited in one case by diabetes, in another by calculus or gravel, of the cures of which by the use of the Gettysburg Water, we have well attested cases. To these must be added, Bright's disease of the kidneys, or *Albuminuria*, of which a patient tells the Gettysburg Spring Company, he has been a victim, and for which he is taking the water with marked benefit and the prospect of a cure. Irritable bladder, so common an infirmity in old age, is, we learn, alleviated and even cured by this remedy. One of the marvels in the history of the cures brought about by the use of the Gettysburg water, is the removal of nodosities or hard lumps and concretions, evidently of a gouty nature, from the joints of Mr. Deihl, as related by Dr. Bell. Whether we regard these lumps as deposits made up of chalk, or of urate of soda tissue, we are compelled to say, with Dr. Bell, that the entire removal of the inorganic body without surgical intervention, has not, we believe, been brought about by either internal remedies, or external applications, or by both united." Whence came the solvent property of the Gettysburg Waters in this case? We are at a loss for any plausible explanation, derivable either from chemistry or therapeutics, even were we to suppose the presence of lithia in the water. The fact itself is, however, not the less encouraging to trials of the remedy under similar circumstances.

The efficiency of mineral waters in diseased

states of the mucous or lining membrane of the stomach, bowels, and bladder, as in dyspepsia, diarrhœa, and cystorrhœa, would suggest similar medication in other cases, in which the pulmonary mucous or lining membrane of the windpipe and lungs is affected, as in asthma and chronic bronchitis, which last sometimes simulates and sometimes runs into consumption. Nor is the expectation unfounded, and to the merit of cure claimed for a class of mineral waters, the Gettysburg will come in for a full share, as well for analogy as from direct evidence. As much will, in time, be said of the treatment of those troublesome affections of the throat that pass under different names, but the greater number of which are associated with dyspepsia and impoverishment of the blood. To similar causes may be referred the paleness, languor, inertia, depression of spirits, and extreme nervousness, incident to the disorders of females, and from which they are often entirely relieved by the judicious use of mineral waters. Constipation is not infrequent in these cases, and may be relieved by the same means.

Much good might be, and in fact often is done in the treatment of various diseases, by the methodical administration of the waters of mineral springs to invalids, at their own houses, both in town and country. With this view are procured in Philadelphia, and other cities, the Saratoga, Bedford, Blue Lick, and other waters; subject, however, to the disadvantages of the escape of some of the gaseous elements, and the precipitation of some of the earthy or metallic bases by transportation from a distance. But still we have had reason to be pleased with the beneficial changes wrought in chronic disease, by our patients drinking them. To these waters is now added the Gettysburg, which possesses the rare advantage of its being transportable to any distance, at all seasons, without its undergoing any change in its chemical composition or curative powers, provided that ordinary care be taken to keep the vessel containing it properly corked. In favor of the home use of this mineral water is the ability to pursue a suitable regimen, and get more tranquil sleep, and to keep more regular hours than are generally attainable at the Springs, and other places of summer resort. Moreover, the physician, in such cases, is able to note for himself the immediate as well as the secondary or remote therapeutical effects of the water, and at the same time, to gather materials to enable him to advise his patient as to the course to be pursued in the selection of such a mineral spring as it may be desirable to visit when the proper season arrives. In having recourse to a mineral water, either at home or abroad, its continued and methodical use must be insisted on. It is not enough to remove by its means an annoying symptom, or a troublesome sensation. That which is really wanted is a removal of the disease, and entire restoration to health. To reach this desirable end, time is essentially necessary. Reliance should be placed on the curative power of water alone, nor ought its peculiar effects to be interfered with, if they are not in a great degree prevented by the use, at the same time, of drugs of the active mineral class, or of narcotics, the operation of which is often the very reverse of the secretory and depurative movements set up by the water. In confirmation of this view we would refer to the case of Dr. MORIARTY, who confined himself entirely to the use of the Gettysburg water, "without any other remedy." If any preparatory medication be thought advisable, it should be carried out by the use of some other mineral water, say of the active saline class, as an aperient, if it be proposed to put the patient on a course of a mild alkaline water, as an alterative.

Some writers, at the head of whom is the eminent German physician and writer, HOFFMAN, while they admit the curative powers of mineral springs, are disposed to attribute their chief efficacy in disease, to the water itself, rather than to the ingredients of which it is the solvent. Common water as a diluted refrigerant in fevers and inflammatory diseases, is undoubtedly a grand remedy, and an indispensable adjuvant to other remedies, when largely used for a drink. But in chronic diseases, it fails to produce the varied and prolonged effects on the organism, which are known to follow the use of a mineral water, whether we look to its rapid absorption from the stomach and bowels and its entering into the stream of the circulation, or to its subsequent stimulation of the secretory organs. The sensible changes produced on the blood and the secreted fluids—saliva, bile, urine, sweat, etc.—by the drinking of mineral waters, and even by bathing in them, attest their physiological action, and at the same time a play of new chemical affinities and combinations. These changes cannot be without a decided effect in modifying vital actions, and in bringing about a new and amended state of things in the diseased body.

The invalid, as a matter of prudence, should begin with drinking a few ounces at a time of the mineral water, on a course of which he is about to enter. He may then gradually increase the quantity, but still keep below the ordinary

average for the first few days, and until the disturbing excitement, which so often follows the drinking of the water, has subsided. Some medical hydrologists assert that this excitement, bordering on fever, must replace the languor and sluggish circulation in chronic diseases, as a necessary condition for obtaining the full effects of the water. A discontinuance of the excitement is, however, soon expected to manifest itself by a crisis, as the Germans call it, consisting in either free purging, or discharge from the kidneys, or in sweating, or eruptions on the skin. When this state is caused by bathing, especially if the water be of an elevated temperature, it is called "*bad sturm*," or bath storm. Even if this temporary disturbance of the system occur in but a small proportion of those persons who have begun the methodical drinking of a mineral water, it is desirable that all should know of this liability. Those who are thus affected, will not then on the one hand, become needlessly alarmed and desist entirely from the use of the water, nor on the other, persevere in drinking it without interruption, and suffer in consequence. After this first period of what may be called seasoning has passed away, the use of the water, which in some cases had been suspended, may be resumed, and the quantity even increased. Simple diet, rest, diluent and acidulous drinks, and a moderately warm bath of 92 deg. Fahrenheit, will commonly suffice for abating the excitement. These means are preferable to actively reducing medicines from the shop. During the first period of the drinking of this mineral water, the general rule for an invalid will be to restrict himself to a simple diet, and to shun excess of every kind, even in his daily exercise.

During the entire treatment, strict regard should be paid to all the laws of health; and in this matter we join heartily with Dr. Bell, in earnestly dissuading the invalid from the use of all alcoholic stimulants and tobacco. We also believe that it will be much better for him to abstain, also, from tea and coffee, at the very least, during the time in which he is taking the mineral water. Milk will be the best substitute for these beverages.

As regards the actual quantity of the Gettysburg water to be taken at one time, experience, so far, seems to favor the use of a gill thrice daily, on an empty stomach; but if this organ be very irritable, the water may be taken two or three hours after a meal. In some cases, in which a mild aperient is desired, a half-pint tumblerful, taken in the morning before breakfast, and followed by another in an hour, will often produce the desired effect. We have known a single tumberful to operate kindly in this way. For the most part, hardly any sensible or immediate effects are experienced from the water in an average quantity. The relief and cure are brought about gradually, and almost imperceptibly, as in the case of Mr. Dana, an ex-member of Congress. Mr. Deihl recovered from his prolonged disease of chronic rheumatism and its gouty complications, after a six weeks' use of the water. The lady living near Gettysburg, who had been a martyr to dyspepsia, in its most painful form, for twenty years, continued to drink the water for some months, before she had entirely recovered. In a case of regular gout, the period of treatment by drinking the water, extended beyond four months.

Gastrotomy for Uterine Tumor.

Editors Medical and Surgical Reporter:

The following case may be of interest to your readers:

Maria S., colored, aged 45 years, presented on the 25th of August last the following appearances: Abdomen enlarged as much as at full term of gestation with a firm, hard and inelastic tumor. She suffered regular paroxysms of pain precisely as a woman in labor.

Protruding from the vulva was a ragged mass in a state of decomposition, the stench from which beggars description. Following up this into the uterus, it was found attached to a solid mass, the precise nature of which we could not determine, not being able to introduce the hand into the vagina.

Her mistress informed us that five years previously, the patient first experienced a slight enlargement in the hypogastric region, which continued very slowly to increase up to this time. Menstruation was performed perfectly but irregularly, considerable abdominal distension invariably accompanying the act.

On the 24th of August the family physician was sent for, and he finding her apparently in labor, and learning the history of the case, requested the assistance of Dr. Voorhees and myself. We all agreed in our diagnosis, and pronounced it a fibroid tumor of the womb, which had increased till the organ had become intolerant and was attempting to expel it by regular and natural contractions as in ordinary labor. Under these circumstances we concluded her only chance for life was the operation of gastrotomy. The reasons for this conclusion are these. She had been in labor three days previous to Dr. Wiley's

visit (who was the family physician,) and there were no indications that the mass would ever be expelled naturally. This long suffering was beginning to tell on her, and prostration would inevitably ensue before many hours. Having procured the assistance of Dr. THOMAS H. TURNER, of Union City, we proceeded to operate. The patient being chloroformed, we made an incision along the linea alba six inches in length, beginning two inches above the navel, and extending four inches below, exposing thoroughly the womb. The tumor was then exposed by dividing the walls of the organ from the fundus to near the neck. Finding the tumor occupied, in its attachment, two-thirds of the internal superficies of the uterus, we abandoned the plan of enucleation, and determined to extirpate the entire organ. The incision was carried up to near the sternum, and down to near the pubis, and the organ and appendages turned out.

The chain of the écraseur was passed around the neck, and gradually tightened till it cut through.

The uterine arteries were ligated. The abdomen was spunged out, and the wound closed by silk sutures half an inch apart, and supported by adhesive straps.

She was put to bed, and a full dose of morphia administered. Seventy hours after the operation, we met Dr. WILEY at the house, and found the patient vomiting and retching, and considerable tympanitic distension of the abdomen. The bowels were freely evacuated with saline cathartics, and stimulating enemas. The opiate treatment was continued, and from that time there was not an untoward symptom.

Four weeks after the operation she was able to walk anywhere in the neighborhood, and when heard from (one week ago) she was in perfect health.

Weight of tumor, minus the part protruding from the vulva, was nine pounds and five ounces.

D. M. PEARCE, M. D.

Union City, Tenn., April 26, 1868.

News and Miscellany.

Medicine as a Profession.

A recent writer in the *Spectator* says:—Medicine is in one respect the very best of professions. It is the only one in which a decent man with a conscience can be absolutely certain that he is doing good. Most things are uncertain in this world; but that it is good to make a man feel less pain, or to keep a sick child alive, or to help a woman in birth pangs, is not, except to very crotchety or very peculiar people, uncertain. Medicine, however, though a very noble, is not a very great profession. Of all others, it has turned out the fewest men who were great in any way whatever outside of their own groove. It requires an exclusive devotion; has often a somewhat narrowing effect on the mind; and, for reasons which it is possible to explain, though impossible to justify, it does not enjoy anything like its proper consideration with the public. An average army surgeon must of necessity be the superior of the average officer of his regiment, being necessarily a man of some knowledge; and, whenever the question has come up, journalists and members of Parliament have always assumed that view with something of petulance; but it will be long before the army is of the same opinion. A great surgeon or physician in London may have any rank; but the country surgeon is not invited by men who invite his brother, the vicar, and is worse paid by half than his cousin, the local attorney.—*Brit. Med. Journal.*

Medical College Commencements.

Woman's Medical College of Pennsylvania.

The Sixteenth Annual commencement was held at the Colleege on Saturday, March 14th, 1868, when the Degree of Doctor of Medicine was conferred by the President, T. MORRIS PEROT, Esq., on the following ladies:

Odelia Blinn, Massachusetts; Sarah A. Coon, New York; Mary E. Greene, New York; Delila S. Irish, Iowa; Agnes M. Johnson, Ohio; Francena E. Porter, Massachusetts; Harriet E. Preston, Pennsylvania; Frances A. Rutherford, New York; Nancy C. Smith, Pennsylvania; Mary E. Wilson, Pennsylvania.

The Valedictory address to the graduates was delivered by EMELINE H. CLEVELAND, M. D., Professor of Obstetrics and the Diseases of Women and Children.

—— Professor JOSEPH PERKINS has resigned the chair of Obstetrics in the medical department of the University of Vermont, at Burlington, and is succeeded by Dr. E. S. DUNSTER, editor of the *New York Medical Journal.*

—— M. RUST has made known a reaction by which phenic alcohol may be distinguished from the creosote separated from beech-wood tar. A mixture of 10 parts of collodion and 15 parts of phenic acid, forms a gelatinous mass, while the creosote from beech-wood tar, mixed with collodion, gives a clear solution.

— John Brooks, a well-known bird and snake tamer, recently, whilst playing with a pet rattlesnake, was bitten by the reptile, and died within fifteen minutes.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Clarkson—Delafield.—April 30, at the Church of the Ascension, New York, by the Rev. John Cotton Smith, D.D., Howard Clarkson and Alice, daughter of Edward Delafield, M.D.

Henderson—Robison.—At Graham, Nodaway co., Mo., April 12th, by Rev. John Wayman, Dr. James A. Henderson, formerly of New Hagerstown, Ohio, and Mollie Twaddell, daughter of G. L. Robison, Esq.

DIED.

Beasley.—Dr. A. Beasley, for thirty-five years a prominent physician of Ripley, Ohio, died, recently, at Peoria, Illinois.

Byrnes.—In Walcott, Iowa, April 25th, Charles Allen, son of Dr. T. and Jennie Byrnes, aged 1 year and 6 mos.

Webster.—In New York, April 27, 1868, Lillie Thornburgh, only daughter of Dr. George W. and Margaret T. H. Webster, aged 3 years 6 months and 10 days.

OBITUARY.

The Late Professor A. J. Foard, of Washington University.

Dr. Foard received his diploma from the University of Pennsylvania. He afterwards applied for a position in the United States army; receiving the appointment, he was stationed at one time in Florida, and again at the military post of San Antonio, Texas. When his State seceded, he resigned his commission, and tendered his services to the Confederate government. Subsequent to the war, when the medical department of the Washington University was organized, he was elected to the chair of Anatomy. Night and day he labored in this position, until, from labor and over exertion, his feeble constitution gave way; disease of the lungs ensued, which, with severe hemorrhages, rapidly prostrated him. He died at Charleston, S. C., in the 39th year of his age, deeply regretted by many warm and sympathising friends.

Dr. L. Goodale.

Dr. Lincoln Goodale, an old and wealthy citizen of Columbus, Ohio, died April 30th, at the age of eighty-seven years. He was born in Massachusetts, but he has resided in Ohio eighty-one years, which, it is stated, is a longer residence in the State than any one now living can claim.

Dr. J. F. Merritt.

Dr. Jesse F. Merritt died at his late residence, Pleasant Plains, New York, on the 30th of March, 1868, in the 38th year of his age.

Dr. Merritt was a graduate of the "College of Physicians and Surgeons," New York, and began the practice of medicine at the early age of twenty. His labors, during the eighteen years of his practice, have been confined, for the most part, to Hyde Park, Rhinebeck, and Pleasant Plains. His efforts as a physician have been attended with remarkable success. His skill and intelligence were often called into requisition by his brother physicians of the county in difficult and dangerous cases. Not only has the medical profession lost an honored member, but the Church of Christ has also sustained a severe loss. He was an elder in the Presbyterian Church at Pleasant Plains.

ANSWERS TO CORRESPONDENTS.

Dr. W. S. L.—Your suggestion is good, and we shall bear it in mind—indeed, have borne it in mind all along. The cook must be a physician as well as a philosopher. When Talleyrand was asked the secret of his health, he summoned his *chef de cuisine*, and said, "*Voila mon medecin.*" Cooking deserves the attention of all men, and especially those whose duty it is to look after the public health.

Dr. W. D. L., of Texas.—"Can I exchange Texas land for drugs?" We think it very doubtful. But write to some of the druggists who advertise in the Reporter, and see.

Dr. J. D. F. L., of S. C.—"Please inform me what work contains the necessary information about hypodermic injections, the manner of using them, etc." Ruppaner on Hypodermic Injections is a useful little monograph, and as handy as any.

Dr. W. P.—"Is there such a book as '*Nelson's Northern Lancet*,' edited at Plattsburgh, N. Y.?" There *was*—it *died* ten years ago.

——, "If physicians have to pass through such a long course before they can practice, and even then be armed with the right license, diploma, etc., why should midwives of the weaker sex make their boasts, charge for their services, berate those whose business it should be to attend such cases, and go unscathed. In other words, why cannot they be prosecuted for thus openly pursuing their course without license, etc., and still asking a price?" You must ask some forensic gentleman this latter question. Some practitioners think it a good thing to be saved the tedious attendance in natural labor by midwives.

Dr. J. P. A., of Pa.—"Have any of your readers used permanganate of potassa in acute rheumatism, and if so, with what effect?" You will find an article on the subject in a recent number of the Reporter. We have ourselves used it in some cases, but without decided results, though, on the whole, we derived a favorable impression of its action.

Dr. B. F. B., of Ill.—"Is this powder 'sulphite of soda?' Why does the largest part of it settle to the bottom after being added to water, and form a hard insoluble mass?" The powder you send, certainly *is* sulphite of soda, and a very good article. We have added it to water, and find it *perfectly soluble*. We suggest that it was the water, not the drug, that was not as it ought to have been in your trials.

METEOROLOGY.

April,	20,	21,	22,	23,	24,	25,	26.
Wind	N.E.	E.	N.	S.W.	N.E.	N.E.	N.W.
Weather	Cl'dy. Rain.	Cl'dy. Rain.	Clear.	Clear. Sh'r.	Clear.	Cl'dy. Rain.	Clear. Frost.
Depth Rain	5-10	2-10				7-10	
Thermometer.							
Minimum	36°	39°	33°	41°	30°	34°	30°
At 8, A. M.	45	51	51	64	45	41	53
At 12, M.	53	52	64	69	52	40	59
At 3, P. M.	50	52	68	68	54	41	57
Mean	46.	48.50	54.	60.50	45.25	39.	49.75
Barometer.							
At 12, M.	30.1	30.3	30.4	30.6	30.6	30.4	30.4

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The 102d Annual meeting of the Medical Society of New Jersey will be held at Princeton on Tuesday, May 26th, at half-past 7 o'clock, P.M. The meeting will continue during the following day.

Wm. Pierson, Jr.,
Recording Secretary.

Orange, May 5, 1868.